

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
P. O. BOX 1540
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Milnesand Unit
2. NAME OF OPERATOR Breck Operating Corp.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 911, Breckenridge, Texas 76024	9. WELL NO. 42
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter I; 1980' FSL & 660' FEL	10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)
11. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-8S, R-34E
12. ELEVATIONS (Show whether DF, RT, GR, etc.) 4273' (RT)	12. COUNTY OR PARISH Roosevelt
	13. STATE New Mexico

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Temporary Abandonment <input checked="" type="checkbox"/>	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Approval for temporary abandonment is requested for the above subject well due to economic conditions and/or mechanical problems.

WELLBORE DATA

Surface Casing: 8-5/8" 24# set @ 387' w/ 200 sx. cmt.
Production Casing: 4-1/2" 10.5# set @ 4681' w/ 175 sx. cmt.
Perforations: 4610'-4620'
TD: 4682'
PBSD: 4585' *

* CIBP set to isolate perforations 5/6/88.



18. I hereby certify that the foregoing is true and correct

SIGNED <u>Kevin G. Saucan</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>6/14/89</u>
-------------------------------	---------------------------------	---------------------

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____
CONDITIONS OF APPROVAL, IF ANY: _____
APPROVED FOR 12 MONTH PERIOD
ENDING JUL 11 1990
*See Instructions on Reverse Side

APPROVED
DATE PETER W. CHESTER
JUL 11 1989
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA